

## HMIS Project Update/Annual Assessment Form

### *Transitional or Permanent Housing, Services Only & Prevention*

#### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program and for clients whose permanent housing status has changed while enrolled in a Rapid Re-Housing program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

##### Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

#### Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date: \* \_\_\_\_\_ Case Assignment: \*: \_\_\_\_\_

##### **(ONLY REQUIRED FOR ESG, CoC and SSVF RAPID RE-HOUSING PARTICIPANTS)**

Residential Move-In Information Date: \* \_\_\_\_\_ (enter date permanent housing status assessed)  
 In Permanent Housing: \* ☐ Yes ☐ No If Yes, Date of Move-In: \* \_\_\_\_\_

##### Covered by Health Insurance:\*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

##### If Yes, Type:\*

- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program
- ☐ Military Insurance
- ☐ State Funded (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other Public
- ☐ Other \_\_\_\_\_

##### Status:\*

- ☐ Active
  - ☐ Start Date: \_\_\_\_\_
  - ☐ End Date: \_\_\_\_\_

##### No

- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client did not apply
- ☐ Insurance type N/A for this client
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

##### Domestic Violence Assessment of Victim:\*

Is client a victim of domestic violence: \*

- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Data Not Collected
- ☐ No
- ☐ Client Refused

##### Currently Fleeing:\*

- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Data Not Collected
- ☐ No
- ☐ Client Refused

If yes, when experience occurred: \*

- ☐ Within the past three months
- ☐ Three to six months ago (excluding 6 months exactly)
- ☐ Six months to one year ago (excluding 1 year exactly)
- ☐ One year ago or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

<b><u>Barriers:*</u></b>	<b><u>Barrier Present?</u></b>	<b><u>Receiving Services/Treatment?</u></b>	<b><u>Condition Indefinite?</u></b>	<b><u>Documentation on File?</u></b>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HMIS Barriers Assessment:\***

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Financial Assessment:\*

Cash Income:\*    ☐ Yes    ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Pension From Former Job \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Alimony \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA Non Service-Connected Disability \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits:\*    ☐ Yes    ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card  
\$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. (PSH)  
\$ \_\_\_\_\_
- ☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_
- ☐ Other Source